


**2004 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**

**Sep 01, 2004 08:00 AM  
Secretary of State**

<b>DOCUMENT # N98000006253</b> 1. Entity Name <b>BREVARD EXPO FAIR, INC.</b>	
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Principal Place of Business <b>500 FRIDAY RD. COCOA, FL 32926</b>	Mailing Address <b>500 FRIDAY RD. COCOA, FL 32926</b>
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<b>DO NOT WRITE IN THIS SPACE</b>
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07012004 No Chg-NP CR2E037 (10/03)

4. FEI Number <b>59-3535090</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  <b>MALONE, GILES A 500 FRIDAY RD. COCOA, FL 32926</b>
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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

<b>Filing Fee is \$61.25 Due by September 8, 2004</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	<b>U00000171428 09/01/04-80006-008 70.00</b>
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TP MALONE, GILES 2330 SYKES CREEK DR. MERRITT ISLAND, FL 32953
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TVP STOTTLER, RICHARD H 1102 S. BREVARD AVE. COCOA, FL 32931
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TST DEEVERS, JUDY 8809 LIVE OAK CT. CAPE CANAVERAL, FL 32920
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** Richard H Stottler Jr., V. Pres. 7/1/04 321-783-1320  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #